

## Introduction



Let us suppose that you are a Christian psychologist invited by a colleague to consult with a relief agency in Afghanistan. You are assigned to a clinic outside Kabul, the capital city. Red Cross workers are in contact with several Muslim families who recently moved back into their homes after the American overthrow of the Taliban. You are asked to give professional assistance for children who survived the conflict and who are now in need of help. Soheil is a nine-year-old boy who was slightly injured in a terrorist bombing. Through a translator, his parents anxiously report that he can be found on some nights hiding in his sister's closet. At times he will sleep there. Soheil struggles to focus on his parents' instructions when he withdraws and stares vacantly into space for minutes on end. During these episodes he is unable to interact with others around him. Soheil used to love soccer, praying at the mosque, and attending the local elementary school but now shows little interest in these activities. He has lost five pounds since the conflict, even with nutritional supplements from the Red Cross. Aid workers inform you that Soheil was unable to make eye contact during an initial meeting, even when presented with toys, markers, and paper. In your first encounter with the boy, Soheil's oldest sister Anahita stays to translate. During your time together, Soheil sporadically engages in rapid-fire conversation with his sister. When you ask her what he is saying, she shrugs and states that Soheil is feeling sad.<sup>1</sup>

This case seems daunting. Soheil needs help but what do we know about healing within his ethnic tradition? Should Americans even be the ones to assist given our presence as occupiers? Can a Christian therapist provide comfort to a Muslim boy given the long history of animosity between our religions? Would our presence as therapists symbolize and effect peace in some small way? Our response to these questions, we hope, will move the conversation forward on the following interrelated issues: healing, politics/ethnicity, and religion. Jesus's political proclamation of a new world order (the reign of

God), and his empowerment of the poor and voiceless is for us the point of departure for healing.

Some rough definitions are in order. First, psychological healing in the West is dominated by the scientific paradigm. However, we will view healing through the eyes of clients and professional therapists, whether Western or indigenous non-Western. Second, in the tradition of Aristotle,<sup>2</sup> we consider the structuring of relationships in traditions to be a political phenomenon. We also include in this rubric the distribution of power and the empowering of minority voices. Politics, ethnicity, and tradition are, in our opinion, linguistically related. Finally, we bring our theological convictions to bear on contemporary psychology/psychotherapy. We are cognizant of our own limitations in addressing these issues but hope our thoughts will stimulate further reflection.

Over the past century, psychology has been practiced in the manner of medical science working from an objective, universal perspective that assumes one can transcend particular traditions. We have little doubt that some good has come from this brand of psychological practice. However, in this book we will explore a different paradigm. Our hope is to generate conversation emerging from a theologically, culturally, and politically sensitive psychotherapy.<sup>3</sup>

In the Western model, Soheil's suffering would be identified with psychological terms such as "trauma," "depression," and "self." These psychological concepts have respectable histories in Western practice. Beyond their immediate value to clinical psychologists who wish to treat Soheil, each term is freighted with political and cultural meanings. Psychological jargon is heard back home on the evening news, in public school classrooms, in graduate programs, and from the Sunday pulpit shorn clean of its political import. Millions of North Americans worry about their mental health, take pills to enhance it, and write books promoting it. An individualistic psychological vocabulary dominates contemporary definitions of human nature, and with it we diagnose and treat pathology. These are words of enormous utility, but they are seldom understood politically or from within the particular semantic universe of the client.

For Soheil's sake, we believe that facile use of Western psychological concepts is problematic. We do not dispute that Soheil may be traumatized, depressed, and dissociating. But we are concerned that these words, applied in the objective manner of Western psychology, may trample and even violate cherished dimensions of the boy's tradition and forget the political context in which care is given. Soheil is a Muslim from a conservative religious family in a war-torn country living under the powerful presence of a superpower. In his world, "trauma" reflects suffering directly related to moral, religious, and military conflict. There is nothing neutral about it. The world belongs to God (Allah), reflecting cosmic spiritual conflicts between good and evil. Suffering is ultimately subsumed within an understanding of Allah's will. Soheil's religious world is at a linguistic loss to describe "depression." People experience

sadness, but from their perspective it is not necessarily a mental disorder like post-traumatic stress disorder (PTSD). Sadness, for Soheil, becomes a companion to the loss and mourning living amid American military forces. It is typical of a place where sin is considered an everyday reality, requiring expiation through obedience to Qur'anic teachings. The notion of a monadic, apolitical "self" is ludicrous. Religion and politics are inextricably connected in his world. Everything attributed to Soheil's selfhood in actuality is directed toward his soul, his Muslim religion, and his relationships with others. Neither Soheil nor his parents are concerned with an autonomous self in a Western sense. The boy's obligations are directed first to Allah, then to his parents and family, and finally to the hopes of his religio-political community. In spite of the well-meaning intentions of the psychologist who sits before him, the assumptions of Western psychology basic to Soheil's treatment are foreign—and potentially destructive—to his tradition. The great risk is that an objective, apolitical Western psychology may undermine Soheil's ethnic and religious narratives, extending the damage of terrorist bombs. Further, if the therapist is from the United States, he or she may assume that the American presence in Afghanistan can be justified as liberating the Afghans from the Taliban. If Soheil feels otherwise, would the therapist recognize the politicized nature of his or her therapy?

At first blush the Western psychologist may find these concerns preposterous. The past twenty years have witnessed a renaissance in clinical sensitivity to ethnic and religious issues. Psychological training departments across the country have adopted thorough training programs for diversity. A gold standard in clinical education, the American Psychological Association (APA), has pulled out the stops in an effort to sensitize the practice of psychology to the needs of persons with diverse ethnic, religious, and sexual orientations. Western psychologists traveling to places like Afghanistan are presumably better equipped to deal with Soheil and his local tradition than at any time in the history of the profession. For these critics, our concerns may be much ado about nothing.

Additionally, the growth of cross-cultural psychology as a discipline continues to change the field for the better. Psychologists have become conversant with anthropology and other related disciplines.<sup>4</sup> As a result, clinicians are sensitized to diversity in a way that permits them to effectively build on Soheil's beliefs toward recovery from even the most severe stressors. We would agree that these trends have made the Western psychology of the present day more effective and appropriate than in the past. However, our sense is that despite these advances, we continue to export our psychological vocabulary and syntax, assuming it is generalizable.<sup>5</sup>

Our objection is that ethnicity and religion in the diversity framework effectively reduces traditions such as Soheil's from the sacred to the instrumental. We hope to demonstrate that ethnicity and religion too often become functional,

useful techniques for therapeutic change determined by the psychologist's own definitions and priorities. Soheil's notion of healing, whatever it may be, remains on the shelf. References to Allah or the Qur'an are then only useful instruments applied in the interest of establishing rapport with the boy. Using Soheil's language becomes a clinical advantage when it makes his pathology a little clearer, his language of relationship a little more intelligible.

Diversity in this sense serves the central mission of the clinician to objectively treat pathology within a landscape that fixes human nature in essentialist, Western terms. Soheil's understanding of these issues may be circumscribed to the point where he is no longer a participant in the therapeutic conversation. Like a potted plant, references to indigenous religion and politics are kept at the margins—quietly inhabiting the office corner and collecting dust. Soheil's ethnic and religious tradition in this instance has no life or sacred character; his political context has no relevance.

We acknowledge that the collision between Western psychological universals and particular ethnic traditions may mean little for Americans who lack defined ethnic or religious identities. But for those who have them, the implications are unsettling. As an example, instrumental treatment of African-American identity and spirituality may erode the sacred memory of generations who sought a way out of the darkness of slavery. "Trauma," "depression," and "self" may be more recognizable to African-American clients than to Soheil, but the meaning of these words is not necessarily the same as in the universalistic lexicon of Western psychology. The suffering behind each term invokes a uniquely African-American cachet of idiom and metaphor. The apolitical psychologist who blithely links these concepts with an instrumental approach to African-American ethnicity and spirituality may be socializing the client into a foreign mold. Ironically, no one is immediately aware of what is happening. At the termination of therapy the client lives with a thinly contrived understanding of healing that unconsciously adopts the ahistorical psychologist's words and meanings. The client may find it odd that the new psychological vocabulary doesn't resonate with family and friends but instead creates subtle suspicion. The client may live with a muted sense of "progress" made away from the presenting psychological problem, but in a direction that doesn't seem consistent with African-American spirituality.

We believe that this process belies a subtle insult to the dignity of human beings created in God's image. Rather than recognizing and affirming the client's traditioned sense of healing, the instrumentally trained psychologist unwittingly creates an individual fashioned in the image of Western ideals. Perhaps Christians are aware of this danger. While adopting the training standards of the APA, many Christian psychology programs have also implemented "integration" curricula designed to help psychologists understand the meaning of concepts like trauma, depression, and self at a theological level. Yet this may not be enough. The hegemony of Western psychology is rapidly eroding

the remnants of indigenous Christian understanding of the self, community, politics, and tradition. Social thinkers like Philip Rieff have noted that the triumph of therapeutic vocabulary is sufficiently complete that even clergy have come to redefine their roles principally in psychological terms.<sup>6</sup>

We are concerned that psychological ideology is rapidly eliminating ethnic and religious traditions, one person at a time. For Soheil's sake we are morally compelled to consider the complex issues beneath this process. Because we are Anabaptist Christians with a specific religious identity, we write with self-conscious recognition that our analysis and proposed solution is particular and confessional.<sup>7</sup> We extend the argument, developed by the first author in a previous publication, that Jesus is a political figure and that by implication Christian psychologists are to be sensitive to the political nature of their work.<sup>8</sup> From this vantage point we contend that the Christian psychologist must treat Soheil with attention to the particulars of his political situation and his ethnic and religious tradition.<sup>9</sup> The concepts of trauma, depression, and self must wait for qualification on Soheil's terms. To do this respectfully, the Christian psychologist must be self-conscious of her or his own social location. At its most basic level, psychotherapy with Soheil is an encounter between local narratives where two people, each with their particular traditions, are engaged in conversation. With critical reflection on the Western liberal tradition and respect for Soheil's tradition, the clinician may win the trust that encourages Soheil to lead with his own story, permitting an exchange that embraces local definitions of pathology and that anticipates healing. We contend that the universal objectives of psychology are themselves a tradition capable of being imposed on the ethnic or religious client.

We are challenging the Christian psychologist to be cognizant not only of the client's political and cultural narrative, but also the role of her or his own Christian story in the therapeutic dialogue.<sup>10</sup> The incorporation of particular, local traditions into the clinical conversation gives witness to our conviction that to uncritically employ generalized psychological constructs risks imposing a psychology that is practically atheistic, undertaken as if God doesn't exist.<sup>11</sup> Since the psychologist holds in her or his hands the delicate psychic fragments of another human being, maintaining one's Christian authenticity does not mean imposing our Christian story on Soheil. Sitting across from him, we are confronted with a particular individual of inestimable worth to the God who makes healing possible in the first place. Our approach is premised upon incarnation—an encounter between two human beings who each live within stories of existential and transcendent significance.

Briefly, the outline of our argument is as follows. The suffering of the innocent is our point of departure, and Juanita, a Guatemalan, will be our companion through the book. We view her suffering as a continuation of the suffering of Christ who was crucified by the Roman Empire. In her face we see the face of our suffering God. Her suffering, like Christ's, occurred in a



political context. Unfortunately, Western psychologists have been complicit in the suffering of the innocent in their collusion with military projects, their presence at hostile interrogation of prisoners of war in Afghanistan and Iraq, and their presumption that their psychological findings are universal. The attempt to build an empire with a common language failed at Babel. We suggest that it is precisely an empire mentality that the apostle Paul critiques. The antidote to universalism is to focus on the local, and so we valorize ethno-religious particularity.

We are not entirely convinced that Western liberal societies prize ethnic and religious indigeneity and differences. Americans tend to value individual rights more than communal rights. Our argument is that differences in ethnic communities are a gift to society. Pentecost points to the goodness of ethnic particularity in that persons who had come to Jerusalem from all over the ancient Near East heard the gospel in their own tongue! However, we will note the push toward linguistic homogeneity in the public sphere. Instead of marginalizing other voices, we hope for a public space in which a range of voices would be heard. Given the hegemony of secularity, clients tend not to bring their native ethnic or religious voice into therapy.

Because language so powerfully shapes identity, we will encourage therapists to empower clients to use their mother tongue, should they wish to do so. Honoring a client's local language and providing tradition-sensitive therapy seem to make the good gifts of his or her community accessible for healing. We recognize that at times the logic and vocabulary of faith and psychology are very different from each other. We must learn which language is most appropriate at a given moment in therapy. However, we must be cautious when we affirm religiosity in therapy, as we may find ourselves affirming a religiosity shaped by individualism, secularity, and pragmatism rather than the indigenous spirituality of our clients. We will examine a model of therapy appropriate for sacral cultures that seek to live by the love and grace of God.

Rather than imposing a general conception of personality or religiosity, the peaceable therapist relinquishes such power, being open to working from a position of weakness and transparency. Internationally, our task is to empower local mental-health practitioners to mine their own traditions for gifts of healing. The tradition-sensitive psychologist would, accordingly, seek to empower local practitioners to explore the contours of a psychology sensitive to the best values of their culture. Then there is the issue of morality in therapy. We will make a distinction between traditioned and abstract forms of morality. Our focus is on a peaceable Christian approach to psychotherapy, and hence we point to the concrete life of Jesus as the foundation upon which we wish to build our therapeutic ethic and our norm for what it means to have human identity. He who is the Prince of Peace seeks reconciliation of enemies within and beyond our communities. When we appropriate the story of his life, it is a narrative that brings healing. Jesus's continuing presence in

the body of the church is the context in which healing and ethical discernment can occur.

Before we proceed, we wish to make a comment about our intended audience. First, we write to those engaged in work as psychologists and psychotherapists who desire to have their work reflect their commitment to being followers of Christ. Secondly, we wish to challenge those pastors and mental-health workers who think integrative conversation between theology and psychology is between a domesticated Jesus and a depoliticized psychology. Third, we would hope to empower non-Western Christian therapists who are disenchanted with psychotherapy as practiced in the modern world to find their own psychological voices and to bring their indigenous Christianity to the practice of indigenous psychotherapy. Fourth, we are writing to religious psychologists, international mental-health workers, pastors, and theologians concerned about the negative impact of Enlightenment modernist psychology on ethnic and religious groups. Those who are weary of secular objectivism and fundamentalist triumphalism are our conversation partners. This book is for those who wish to see indigenous psychologies flourish—whether in Guatemala, Kenya, or Sichuan—according to the best in their traditions. Given an increasing concern about globalization, this book is for anyone interested in ways one can engage in a conversation between Christian mental-health practitioners from diverse cultural and political contexts.

Our audience is not only the living, but also those who have preceded us. Annie Dillard reminds us that the soil we walk on contains the dead, those who have made it possible for us to go on.<sup>12</sup> For us this includes the faithful saints through the centuries who have sought peace, who lived patiently, actively waiting for the peaceable reign of God, and who were willing to die rather than submit to the story that was imposed upon them. We come from a tradition that has known suffering. During the Reformation our leaders were burned, tortured, and drowned by civil and religious bodies. In our homes, on the shelf beside the Bible was *Martyrs Mirror*,<sup>13</sup> a book which recounted the testimonies of those whose lives were snuffed out by oppressive ecclesiastical and political authorities from the time of the early church until the time of its first printing in 1660. Then there were our Mennonite grandparents who fled the Ukraine in the 1920s to avoid the random violence. Some fifty thousand were killed. Those deaths were a central theme in the story of our Mennonite people, and, in writing this book, we seek to honor them as well.

We write for the future without making assumptions about how long this book will be in print! We see our writing as a witness for peace that perhaps our grandchildren will read. We live in a time of war, and we cannot remain silent. We have no illusions about what our writing will accomplish. We prefer to think of it as an act of faithful witness to our Lord who empowered a Samaritan woman, who healed the ear of an enemy soldier even as they came for him, and who suffered rather than be violent.